

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (x) HCP () IE () IC	Response Timely Filed? (x) Yes () No
Requestor's Name and Address Texas Imaging & Diagnostic Center 3840 W. NW. Highway, Suite 400 Dallas, Texas 75220	MDR Tracking No.: M4-03-8196-01
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address Liberty Mutual Fire Insurance Company Box 28	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.: 949454323

PART II: SUMMARY OF DISPUTE AND FINDINGS (Details on Page 2, if needed)

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
07/26/02	07/26/02	99070-ST	\$187.11	\$187.11

PART III: REQUESTOR'S POSITION SUMMARY

"We were not properly reimbursed for the Sterile Supplies CPT code (99070-ST). The Cervical Myelogram with Post Myelogram CT Scan falls under Surgical Procedures Performed in a Doctor's Office. We meet all the requirements listed under this guideline in order to bill and be paid for this code."

PART IV: RESPONDENT'S POSITION SUMMARY

Carrier states "...after much research, has determined that \$100.00 is a fair and reasonable reimbursement for a sterile tray used for epidural steroid injections. Other providers within the same geographical area routinely accept \$100.00 as a fair and reasonable reimbursement for their sterile trays used for epidural steroid injections." EOBs state, "The charge for this procedure exceeds the fee schedule or usual and customary values as established by Ingenix."

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

The provider submitted product information and redacted EOBs from various insurance carriers indicating what they had paid. The information provided indicates that the carriers had reimbursed the full amount the provider billed. The provider had the more compelling evidence that indicates a fair and reasonable rate of reimbursement than the carrier provided per rule 133.307(g)(3)(D). No other denials were noted in the claim file. Therefore, based on the information provided additional reimbursement is recommended.

[illegible]

Date of Order